

**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH  
KENTUCKY VACCINES PROGRAM (KVP)**

**VACCINE RETURN AND ADJUSTMENT FORM**

PIN: \_\_\_\_\_

ADJUSTMENT MONTH/YEAR: \_\_\_\_/\_\_\_\_

PROVIDER NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERSON PREPARING FORM: \_\_\_\_\_ DATE PREPARED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine Type and Manufacturer	Lot Number	Expiration Date	*Adjustment Code (See Below)	Adjustment Amount in Doses
Vaccine:				
Manufacturer:				
Vaccine:				
Manufacturer:				
Vaccine:				
Manufacturer:				
Vaccine:				
Manufacturer:				
Vaccine:				
Manufacturer:				
Vaccine:				
Manufacturer:				

**\*ADJUSTMENT CODES/REASONS**

(Choose **one** of the following codes)

For the following codes (3-12) place a copy of this form WITH the vaccine you are returning AND fax a copy to the VFC program immediately: VFC Program Fax # (502) 564-4760.

- 3 Vaccine spoiled for a reason other than improper storage upon receipt of vaccine or refrigerator failure
- 4 Vaccine expired before it was completely used by the provider
- 5 Vaccine was lost or damaged during shipment to the provider
- 6 Vaccine was improperly stored upon receipt and spoiled
- 7 Refrigerator failed and the vaccine spoiled
- 8 Provider transferred viable vaccine to another provider (If you are transferring vaccine **FROM** your agency **TO** another location. Enter the name, address, and PIN number of the agency receiving the vaccine)
- 11 Vaccine was lost or cannot be accounted for in the provider inventory
- 12 Vaccine was not viable for some reason other than spoiled, expired, or lost/damaged

Name of the site **RECEIVING** vaccine from you: \_\_\_\_\_ PIN: \_\_\_\_\_

Address of the site **RECEIVING** vaccine from you: \_\_\_\_\_

Signature of the Person Receiving Vaccine: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

### **Transfer of vaccine between providers requires prior approval from the Kentucky Immunization Program.**

Use this form for any adjustments to vaccine inventory. Before returning any vaccine to McKesson or transferring vaccine to another provider, please complete and fax this form to the Kentucky Immunization Program Office at (502) 564-4760.

If transferring vaccines, each provider needs to keep a copy of the completed form for their records.

**VIABLE vaccines cannot be returned.** Please call the program. Do not return syringes with needles, broken vials, opened multi dose vials or other dangerous vaccines. If you have vaccines that have been in flood water please write this across the top of the form and double bag the wet vaccine doses.

If returning expired/wasted vaccines fax a copy to the Immunization Program, keep a copy of the completed form for your records and place a copy in the container with the expired/wasted vaccines being returned. To receive a return label so you will not have to pay for returned vaccine send your return form to the Kentucky Vaccine Program at (502)564-4760. Please allow 3 weeks to receive this label. Use any container and no ice to return nonviable vaccine to McKesson.

1. Enter your Personal Identification Number (PIN) assigned by the Vaccines for Children (VFC) Program upon joining the program.
2. Enter the Month and Year the return/adjustment occurred.
3. Enter the Provider or Facility name.
4. Enter the Telephone number of the Provider or Facility.
5. Enter the Provider or Facility address.
6. Enter the name of the person completing the form.
7. Enter the date the form is completed.
8. Enter the vaccine type, manufacturer, lot number and the expiration date of the vaccine requiring inventory adjustment.
9. Enter an adjustment reason/code from the list provided. (Enter only ONE code)

\*Vaccines being transferred from you to another provider (Code 8) require you to enter the name and address of the provider receiving vaccine from you.

10. Enter the number of doses requiring inventory adjustment
11. FAX this form to the VFC Program at (502) 564-4760. Please allow us 3 weeks to get the return label to your office.
12. If UPS stops by your clinic and will take the box without charging your clinic please let them take the box. If UPS does not stop by your clinic, call our program and we will contact McKesson about picking up the shipment. **If you contact Fed Express or UPS you may be charged.**
13. Providers may reuse or throw away the empty shipping containers. Providers must NOT call UPS or FedEx directly, or else the provider will be charged for the pick up at the provider's expense.

**DO NOT MAIL VACCINE TO THE KENTUCKY VFC PROGRAM**